

PONTYPOOL RURAL DISTRICT COUNCIL

MEDICAL OFFICER OF HEALTH'S REPORT 1954

To: The Chairman and Members of the
Pontypool Rural District Council.

Mr. Chairman, Gentlemen,

I have the honour to submit the Annual Report on the state of Public Health in the Pontypool Rural District during 1954.

There are seven parishes within Pontypool Rural District with a total area of 34,147 acres. It is predominantly agricultural with increasing urbanisation at Croesyceiliog in the Parish of Llanfrechfa Lower, this area being within the new town development of Cwmbran.

The estimated population of the Rural District at the middle of 1954 was 6,080; an increase of 359 as compared with the previous year and due mainly to immigration to the Croesyceiliog area. There has also been a change in the age distribution of the population of recent years, due to a falling birth rate in the present century and a relatively present day low mortality. Expectation of life of the infant at birth has been greatly increased. This does not mean that many old people are living much longer, but many more of us are reaching the age of 65 - 70 years than was the case some decades ago. In this sense, Pontypool Rural District presents an ageing population and the care of the aged and its associated problems demand increasing public attention.

The crude death rate of 11.8 per 1,000 population shows an upward trend as compared with 1953 but nevertheless remains at a satisfactory low level. When comparing the death rate of one place with that of another, it is necessary first of all, to remove the influence of variable factors such as differences in age and sex constitution of the populations. To do this the Registrar General provides a comparability factor which, when multiplied with the crude death rate provides an adjusted death rate, namely 10.6 for Pontypool Rural District. This rate is significantly lower than the death rates prevailing in the County of Monmouthshire and in England and Wales as a whole.

Of recent years also, the pattern of disease has changed remarkably. Infectious Diseases no longer rank as one of the principal causes of death. For example in 1954, there were no deaths in Pontypool Rural District from such diseases as Whooping Cough, Diphtheria, and Meningococcal infections. This has been partly due to effective preventive measures on the one hand, and on the other advances in the methods of treatment. Today, the outstanding problems of disease and their prevention are attributed to Circulatory diseases, Cancer and Respiratory infections. In 1954, Circulatory diseases were responsible for 52.8% of deaths in the Rural District, and in this group, Coronary Thrombosis as in 1953 took the heaviest toll. Cancer featured as the second most important cause of mortality and was responsible for 16.7% of all deaths. Of the 12 Cancer deaths, 2 were due to cancer of the lung. The third most important cause of death has been attributed to Respiratory diseases which in 1954 were responsible for 12.5% of all deaths. In this group Tuberculosis was responsible for only 1.4% of deaths from all causes, and for the second year in succession this percentage has been based on one death, surely a triumph for both curative and preventive medicine. In 1954 the district remained comparatively free from Influenza and there were no deaths registered from this disease.

Despite improved housing conditions, welfare facilities, increased family allowances and other national insurance benefits, the birth rate in the Rural District, as in the Country generally continues to decline. In view of this, it becomes increasingly important that the Infant Mortality and Still-birth rates be lowered, and of these rates, the latter gives rise to some anxiety. As compared with 1953, the

Infant Mortality Rate in 1954 has fallen appreciably but the Still Birth Rate has been doubled and calls for further examinations into the problems associated with child birth.

During the past year there were no deaths in the Pontypool Rural District of mothers from pregnancy, childbirth or abortion. As we still have no accurate means of measuring maternal morbidity, one cannot assess ill-health after child bearing. The social causes of such ill-health may be attributed to bad housing, poor nutrition, insufficient help in the house and mothers being obliged to work during late pregnancy and too soon afterwards. But, post-war welfare services and health education have gone a long way towards promoting the health of the mother both during and after child birth.

As already mentioned, our ageing population continues to cause much anxiety. It has been established that most elderly folk prefer to remain in their own houses and with the aid of domestic help services, the district nursing service and voluntary services many of them are able to do so. I am of the opinion that continued health education and promotion of hygiene will do much to prevent the common disabilities associated with old age. The problem of admission to hospital of the chronic sick is ever increasing. More geriatric beds are required urgently. Also, whereas it may be possible (though not probable) for the chronic sick to gain admission to hospital, and for the able-bodied elderly to be admitted to a 'home for the aged', there still remains the problem of what is to be done for that section of the elderly which does not fall into either of these two groups. "Half-way" accommodation should be established for those who -

(a) Cannot remain in their own homes

(b) are not sufficiently ill as to require hospital treatment

and yet (c) are not well enough to be classed as applicants for our present homes for the aged.

The sanitary conditions in the more populated villages are satisfactory. But many of our rural cottages are still without an adequate supply of pure wholesome water and are still equipped with antiquated means of sewage disposal. It is hoped that it will be found possible to undertake remedial measures in the not too distant future.

Maternity and Child Welfare

The Infant Welfare Clinic at Usk is held on the Thursday of each week, and the one at Croesyceiliog is held fortnightly. Mothers and children under 5 years of age may attend these centres. There is also a Maternity and Child Welfare Mobile Clinic which visits the more inaccessible rural areas. There is a Doctor and a Health Visitor in attendance at each of these clinics.

The Ante-natal Clinic is held fortnightly at the Usk Centre. Considering the prevailing still-birth rate, I wish to stress once more the importance of early and regular attendance of expectant mothers at the ante-natal clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the mothers. Unfortunately too often, many expectant mothers delay attending until late in pregnancy and there are some who never attend.

It is the practice in the ante-natal clinic to make a routine blood-examination of all patients for the purpose of detecting venereal diseases and for determining the pregnant mother's blood group. The educational side of the ante-natal work is also of great importance and includes advice about general health, rest, diet, sleep and comfort.

In 1954, a monthly average of 119 and 41 babies attended at the Usk and Croesyceiliog Infant Welfare Clinics respectively. During this year the Local Health Authority undertook the distribution of National Dried Milk, Cod-Liver Oil and Orange Juice so that now these may be obtained at the Infant Welfare Centres.

Routine skin testing of children under 5 years of age, with tuberculin was introduced at the Infant Welfare Centres in 1951. The Mantoux and Jelly tests are employed. The mothers now appreciate the value of this test and are generally most anxious to have their children tested. Any positive reactors are referred to the Chest Physician and all efforts are then concentrated in determining the source of infection. This aspect of Infant Welfare forms a part of the Anti-Tuberculosis scheme in operation throughout the County of Monmouthshire.

Vaccination against Small Pox and Immunisation against Diphtheria are also undertaken at the clinics, and from May 1955 diphtheria-pertussis prophylactic has been used so that children may in addition be protected from that most dreaded disease of childhood - Whooping Cough.

Vaccination against Small Pox is advised when the child attains the age of 3 months. Since compulsory vaccination has been abolished, in the Pontypool Rural District, like the rest of the County, has followed a downward trend in the numbers vaccinated, from the public health point of view, this is regrettable. Small Pox continues to occur sporadically in various parts of the country and we are never free from the possibility of an outbreak of the disease. Healthy living conditions, good sanitation, and general public health services are no substitute for vaccination, in connection with the prevention and control of Small Pox. The aim is to see that every healthy child is vaccinated.


The percentage of children immunised against Diphtheria is more satisfactory but is no ground for complacency if an adequate level of immunity is to be maintained. The fall in incidence of Diphtheria in recent years is beyond doubt a remarkable preventive triumph mainly attributable to immunisation. Since the National Health Service Act 1946 came into operation, Vaccination against Small Pox and Immunisation against Diphtheria (and now Whooping Cough) are carried out free of charge at the surgeries of General Practitioners and at the Maternity and Child Welfare Centres. "An organised system of personal persuasion in which doctors, health visitors, district nurses, sanitary inspectors, staffs of welfare centres and voluntary workers play a part, is still the most powerful element in any local Immunisation campaign, and will benefit from the background publicity offered by the local press advertisements, posters and cinema slides etc."

Vaccination against Small Pox

<u>Age Groups</u>	<u>Nos. Vaccinated in 1952</u>	<u>Nos. Vaccinated in 1953</u>	<u>Nos. Vaccinated in 1954.</u>
Under 1 year	23	17	27
1 - 4 years	-	2	3
5 - 14 years	5	1	
15 and over	16	18	6
	<u>44</u>	<u>38</u>	<u>36</u>

Immunisation against Diphtheria

<u>Age Groups</u>	<u>Nos. Immunised in 1952</u>	<u>Nos. Immunised in 1953</u>	<u>Nos. Immunised in 1954</u>
0 - 4 years	51	40	54
5 - 9 years	1	14	45
10 - 14 years	1	-	4
	<u>53</u>	<u>54</u>	<u>103</u>



Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b28872411>

Domiciliary Midwifery and Nursing Services.

Under the re-allocation of the District Midwifery and Nursing Services, two district midwives/nurses are resident in the Rural District and one District Nurse.

Health Visiting

Two health Visitors are employed for routine domiciliary visits, Tuberculosis visiting, School inspections (cleanliness of body and clothes) and for attending the maternity and child welfare clinics.

Domestic Help Service.

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able-bodied relative to give necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of chronic sick, who would otherwise have had to be admitted to hospital, thereby helping to relieve the pressure upon hospital accommodation.

The service is under the direction of the Area Committee Clerk (Mr. D.A. Lewis). Applicants for the service are assessed to repay the cost of the service in relation to their income; persons considered to be in financial difficulties receive the service free of charge.

The hours allocated to each case are recommended after personal investigation by the District Nurse, Midwife or Health Visitor, and are submitted to me for approval. Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for investigation, except maternity cases.

There are approximately 52 Domestic Helps in the area (i.e. Pontypool Rural District, Usk Urban District, Abergavenny Rural District and Abergavenny Borough). All are engaged on a Temporary Part-time basis. The number of cases in the area was 121, the average weekly number of hours worked was 775.

Ambulance Service

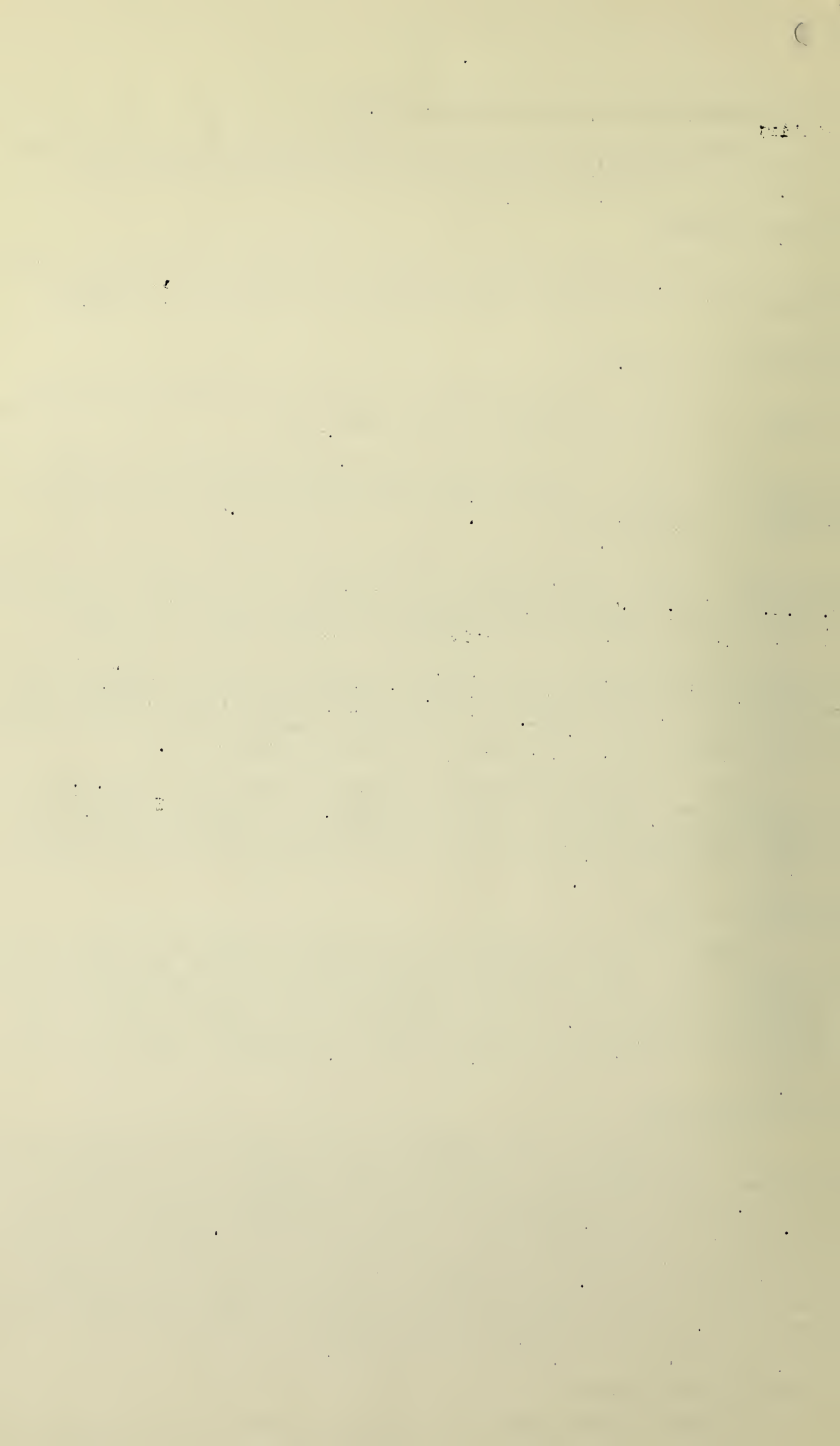
Pontypool Rural District is served by an ambulance based at Usk and ambulances are also available from Pontypool Lepot under the central control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Central Control by the County Council aims at making the most economic use of ambulances and mutual assistance between Local Health Authorities avoids, as far as possible, ambulances running empty.

Health Education

The close of the 19th Century saw the Public Health Environmental services established on a reasonably satisfactory basis. During the last 50 years, these have been improved and the personal health service developed. At first the importance of health education was not fully appreciated but it is now realised that disease cannot be prevented or health promoted by social action alone, there must be full co-operation from an enlightened public. Today it is a condition for the appropriately trained staff of a Health Department whether they be Health Visitors, Home Nurses, Sanitary Inspectors or Doctors to spread the gospel of good hygiene and healthy living. Informal talks are constantly given in the home, the place of work, and in the clinic.

Mental Health Service

A County Psychiatrist was appointed in 1948 for the purpose of a



Mental Health Service. This service in the No. 10 Area, now operates from Leven House, Abergavenny. The service is co-ordinated with the Regional Hospital Board and Hospital Management Committees.

No adult guidance clinics are held in the area but individual cases, patients suffering from the early nervous strain, and who are finding difficulty in adjusting themselves in their homes or at work, are seen by Dr. Cochrane Wyatt, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

Medical Appliances

The location of the Medical Appliances Depot for the Rural District is:-

Mrs Lummett, Claremont, Crossceiliog.

Welfare Services

The Welfare Officer of the No. 10 Area caters for the needs of the Rural District as regards Welfare Services, which come within the provisions of the National Assistance Act (1948-51)

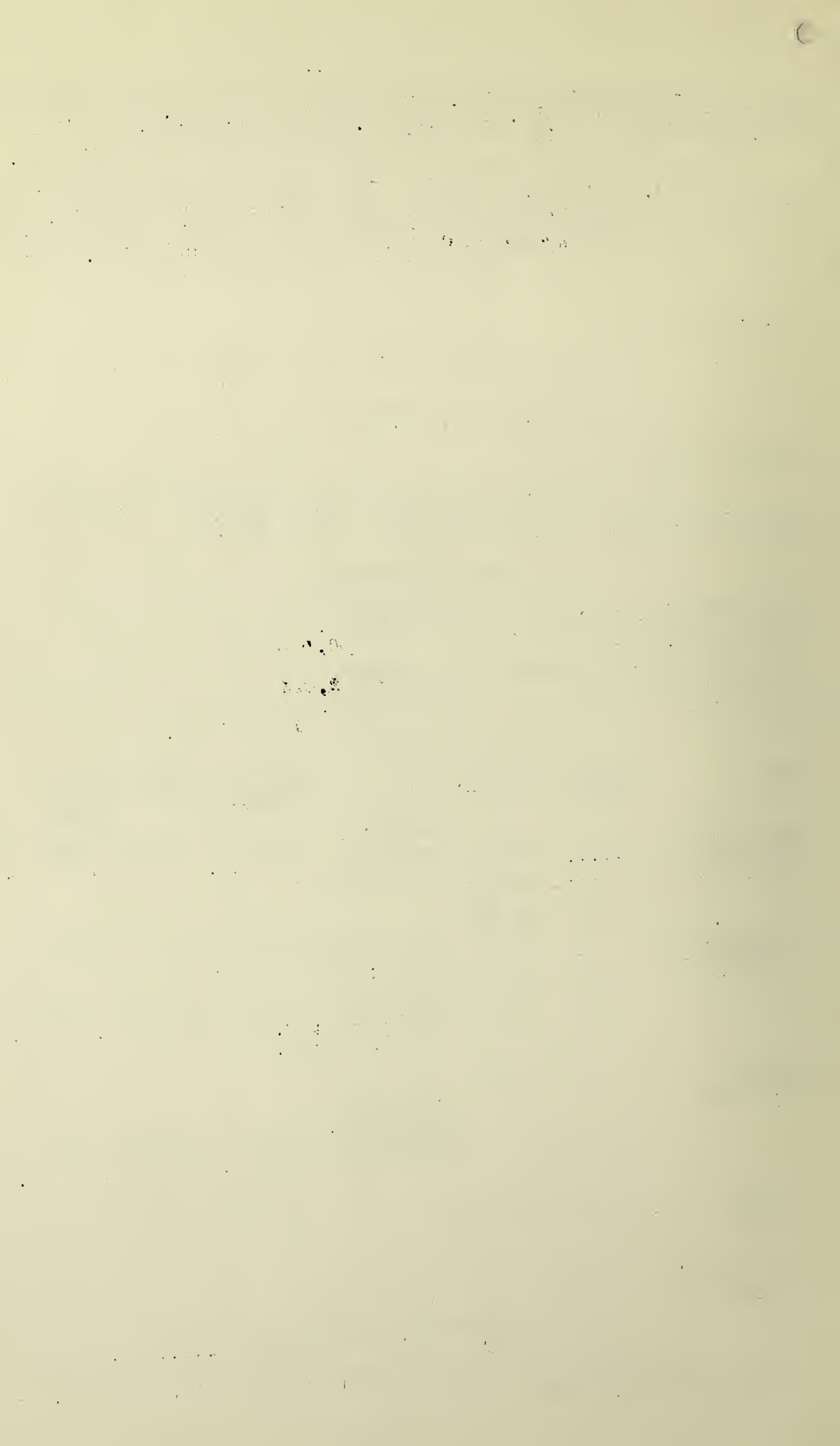
VITAL STATISTICS

Area in Acres	34,147
Population (Estimated)	5,090
Inhabited Houses	
(according to rate book)	2,043
Rateable value	£26,246
ld rate	£104 - 4 - 3d.

<u>1954</u>	<u>Totals</u>	<u>M.</u>	<u>F.</u>	<u>Rate</u> <u>per</u> <u>1,000</u> <u>Estimated</u> <u>Resident</u> <u>Population</u>	<u>Rural</u> <u>District</u>	<u>County</u> <u>England</u> <u>&</u> <u>Wales.</u>
<u>Live Births</u>						
Legitimate.....	101	50	51		16.78	16.26 15.2
Illegitimate...	1	-	1			
	<u>102</u>	<u>50</u>	<u>52</u>			
<u>Still Births</u>				<u>Rate Per</u>		
Legitimate	3	1	2	1,000 Total	37.7	24.0
Illegitimate	1	1	0	(live & Still		
	<u>4</u>	<u>2</u>	<u>2</u>	births)		
				Rate Per %	0.66	0.47 0.35
				1,000 pop.		
<u>Deaths</u>						
All causes	72	35	37	Death Rate		
				per 1,000		
				Estimated		
				Population	11.8	11.61 11.3
<u>Deaths from</u>						
<u>Cancer</u>	12	6	6			
<u>Deaths due</u>						
<u>to cancer</u>						
<u>of lung</u>	2	2	-			

Deaths due to pregnancy, Childbirth & Abortion.....Nil.

Maternal Mortality Rate Rural District...Nil, County....1.49.
(Rate per 1,000 births)



Infant Mortality

Infant Deaths from MeaslesNil.
 " " " Whooping Cough.....Nil.
 " " " All causes.....2 (Om. 2f).

Deaths of children under 1 year of age in Age Groups

<u>Age Group</u>	<u>Number of deaths</u>
Under 1 week	Nil.
1 - 4 weeks	Nil.
1 - 12 months	<u>2.</u>
TOTAL	<u>2.</u>

	<u>Rural Dist.</u>	<u>County</u>
Infant Mortality Rate (Rate per 1,000 Live Births)	19.6	39.67
" " " (Legitimate)	19.8	
" " " (Illegitimate)	Nil	

Infectious DiseasesNumber of cases notified

Scarlet Fever	3
Whooping Cough	34
Measles	0
Cerebr-Spinal	0
Meningitis	
Poliomyelitis	0,
Erysipelas	0
Diphtheria	0
Dysentery	0
Pneumonia	4
Post-infective	
Encephalitis	0
Puerperal Pyrexia	1

Tuberculosis

Notified Pulmonary	M.2.	F.0.	Non-pulmonary	M.0.	F.0.
Deaths	"	M.0	F.1	"	M.0. F.0.

Infectious Diseases (other than Tuberculosis) notified during 1954
and classified according to age and sex groups.

Disease	Sex	Age Years							Totals
		0-4	5-9	10-19	20-29	30-39	40-49	50+	
Measles	M	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0
Whooping Cough	M	8	6	0	0	2	1	0	17
	F	9	8	0	0	0	0	0	17
Scarlet Fever	M	0	1	1	0	0	0	0	2
	F	0	0	1	0	0	0	0	1
Acute Primary Pneumonia	M	0	0	0	1	0	0	2	3
	F	0	0	0	0	0	1	0	1
Puerperal Pyrexia	F	0	0	0	1	0	0	0	1

T U B E R C U L O S I S

<u>Age Group</u>	<u>Pulmonary</u>		<u>Non-pulmonary</u>		<u>Total</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
0 - 4 years	-	-	-	-	-
5 - 9 "	-	-	-	-	-
10-14 "	-	-	-	-	-
15-19 "	-	-	-	-	-
20-29 "	1	-	-	-	1
30-39 "	1	-	-	-	1
40-49 "	-	-	-	-	-
50-59 "	-	-	-	-	-
60 & over	-	-	-	-	-
Totals	2	-	-	-	2

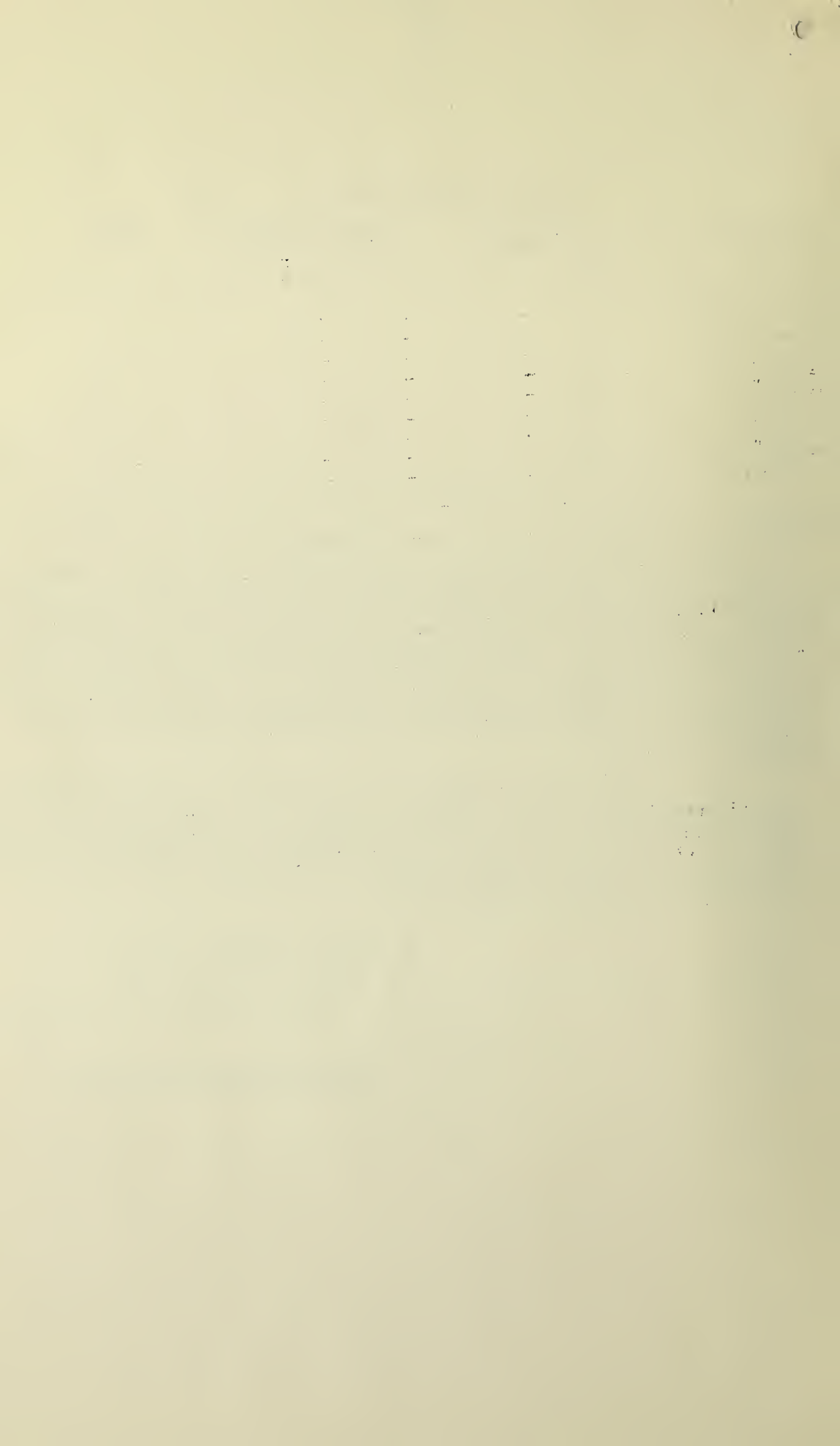
Mortality from Tuberculosis has steadily declined of recent years. In 1954 only one death from this disease was registered in the Pontypool Rural District. There has also been a fall in the number of notifications, tow cases of Pulmonary Tuberculosis being notified for the first time in 1954. There were three inward transfers from other areas and having been primarily notified elsewhere. On receipt of all notifications, family contacts are followed up and unless they have already attended a Chest Clinic or Mass Radiography Unit they are strongly advised to do so, and arrangements are made accordingly. Health Education is stressed by the personal approach.

The decline both in Morbidity and Mortality from Tuberculosis is largely attributable to the admirable work of the medical profession and the new methods of treatment in Tuberculosis. An appreciable part has also been played by the improvement in housing, the rise in the standard of living, and in the better education of the population both generally and in the prevention of this disease.

I have the honour to be,
Your obedient Servant,

S.M.R. Harvey, B.Sc., M.B., B.Ch.,
D.P.H.

Medical Officer of Health.



PONTYPOOL RURAL DISTRICT COUNCIL

Sessions House,
USK.....Mon.

To: The Chairman and Members of the
Pontypool Rural District Council.

Mr. Chairman, Gentlemen,

I beg to submit the Annual Report of the Sanitary Inspector for the year 1954.

SANITARY INSPECTION OF THE AREA

Houses	164
Re-inspections.	119
Nuisances	73
water supplies.	128
Food Inspections.. . . .	34
Disinfections ,	3
Disinfestations(Rodent Control).. . . .	427
Factories & workplaces.. . . .	70
Miscellaneous	221
	<hr/>
	1247

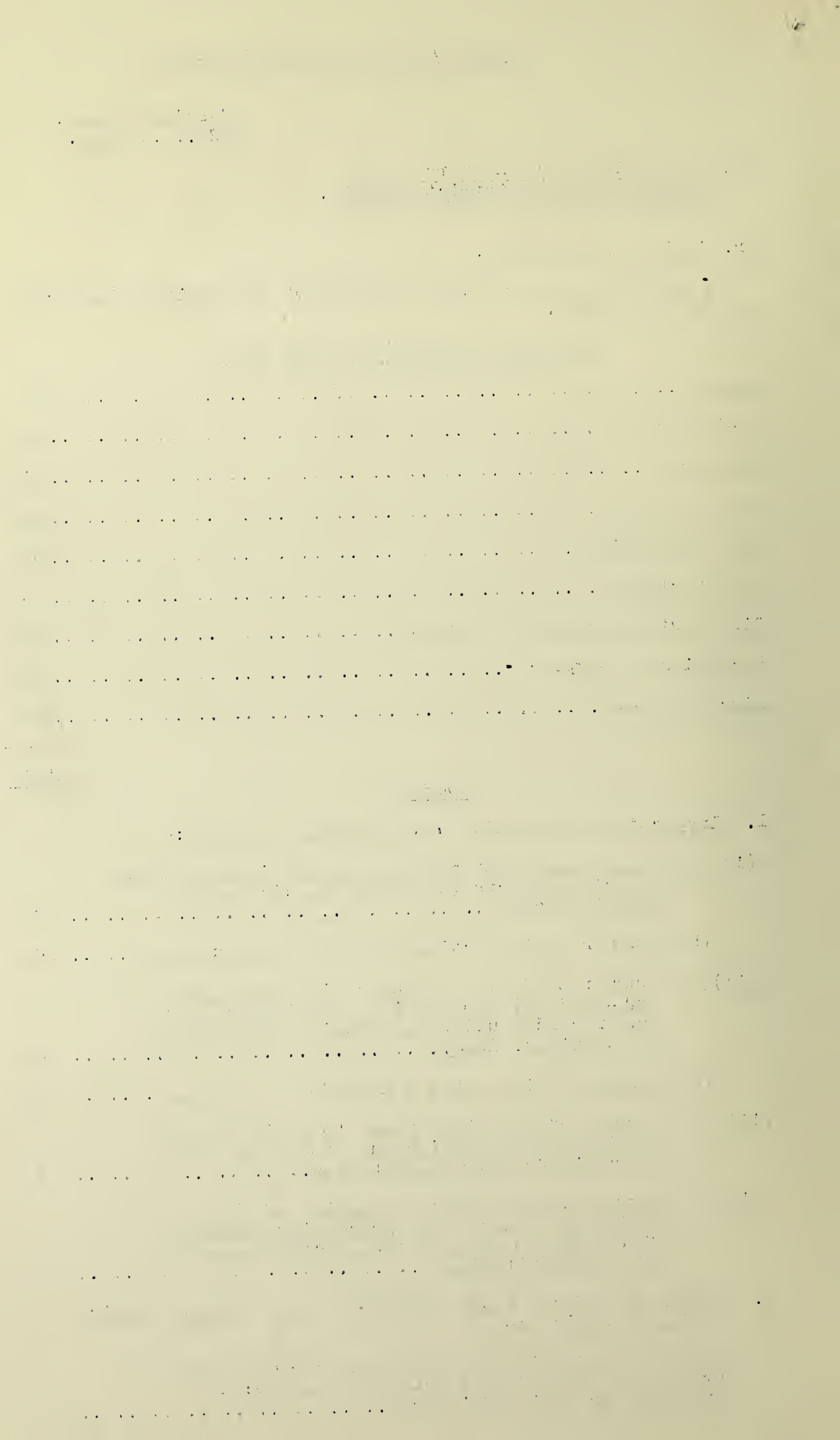
HOUSING

1. Inspection of Dwelling Houses during the year:-

(i) (a) Total number of dwelling houses inspected for housing defects (under the Public Health Housing Acts)	164
(b) Number of inspections made for the purpose.	164
(ii)(a) Number of dwelling houses (included under sub-head (1) above which were inspected and recorded under the Housing Consolidated Regulations, 1925.. . . .	34
(b) Number of inspections made for the purpose.	34
(iii) Number of buildings found to be in a state so dangerous or injurious to health as to be unfit for human habitation.. . . .	2
(iv) Number of dwellings (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for habitation.	4

2. Remedy of defects found during the year without service of formal notices:-

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers.	27
--	----



3. Action under Statutory Powers during the year:-

- (A) Proceedings under Sections 9, 10 & 16 of the Housing Act, 1936 nil.
- (B) Proceedings under the Public Health Acts:-
- (i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 9
- (ii) Number of dwelling houses in which defects were remedied after service of Formal Notices:-
- (a) By owners 9
- (b) By Local Authority in default of owners.. .. . nil
- (C) Proceedings under Sections 11 & 13 of the Housing Act 1936:-
- (i) Number of dwelling houses demolished in pursuance of Demolition Orders nil
- (ii) Number of dwelling houses in respect of which Demolition Orders were made.. .. . nil

OVERCROWDING.

Although the overcrowding situation still gives rise for concern; the position has been alleviated to some extent with the continual growth of Cwmbran New Town. Several of the most pressing cases have been re-housed by the Cwmbran Development Corporation.

The Council are doing their utmost to relieve overcrowding by re-housing families in the new houses which are being completed.

POST WAR HOUSING.

Fourteen houses were in various stages of construction during the year. Shortage of sites and difficulties regarding the servicing of sites has retarded the rate of building, but the Council are proceeding with the acquisition of further sites.

Sixteen private dwellings were completed during the year. Conversion of a disused school provided two additional living units.

CARAVANS

Some eight caravans were stationed in the district during the year. Water supply and sanitation to the caravan was satisfactory and no nuisance has arisen. Three of the caravans are inhabited for short week end periods only during the summer months.

HOUSING REPAIRS

The position relating to housing repairs has greatly improved, and apart from the question of rising costs little difficulty is being experienced.

SCHOOLS

All schools are visited periodically and sanitation and water supply are most satisfactory.

WATER SUPPLY

Some thirty samples of water were taken from public mains during

the year. All samples were up to the standards required.

Work upon the Gwehelog Water Scheme is nearing completion and it is anticipated that the scheme will be in operation during the Spring of 1955. This scheme will provide for some 36 houses in the Pontypridd Rural District and some 66 houses and farms in the Monmouth Rural District.

A scheme to provide water to parts of the parishes of Llanbadoc Fawr, Llangybi Fawr and Llanhennoc Fawr (Tredunnoch and Newbridge) will be commenced early in 1955 and it is anticipated that the scheme will be in operation by December 1955.

SEWERAGE AND SEWAGE DISPOSAL

No new sewerage schemes were undertaken during the year. It is anticipated that the existing system at Ponthir will be connected at an early date to the Eastern Valleys Sewage Disposal Plant at Ponthir.

REFUSE COLLECTION

Refuse is now being collected along practically all roads in the District.

Collections are made weekly from approximately 540 houses in the Parish of Llanfrechfa Lower; fortnightly from some 300 houses in the Parishes of Llanbadoc and Goytre; and monthly from some 350 houses along the remaining routes throughout the remaining scattered Parishes of the Council's area.

Refuse tips are situated at Croesyceiliog for the western part of the district and at Usk and Nantyderry for the eastern part of the area. The tips are kept levelled and where possible overdressed with soil.

NUISANCES

All nuisances found and reported were dealt with by Formal and Informal action.

MILK DISTRIBUTORS AND DAIRIES

Particulars of Dairies and Milk Distributors on the Register at 31st December 1954:-

Dairies 1.

Milk Distributors... .. 10.

The dairy vehicles of the distributors were inspected frequently and the samples of milk taken during the year were of the standards required.

INFESTATION ORDER

The necessary treatments of sewers were carried out and regular treatments of the Council refuse tips performed.

Inspections of farms and other premises were made and such infestations as occurred were in the main of a minor character and were promptly dealt with.

FOODSHOPS ETC.

The very small number of foodshops in the Rural District were visited regularly and most were found to be well regulated.

FACTORIES ACTS

1. Inspections for purpose of provisions as to health(including inspections made by Sanitary Inspector).

Premises (1)	Number on Register.	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4,6, are to be enforced by Local Authority	6	10	Nil.	Nil.
(ii) Factories not included in above in which Section 7 is enforced by L.A.	14	26	Nil.	Nil.
(iii) Other premises in which Section 7 is enforced by L.A.	21	42	2.	Nil.
TOTAL	41	78	2.	Nil

2. Cases in which defects were found.

Particulars	Number of Defects.			
	Found	Remedied	Referred to by H.M.I. H.M.I.	Prosec- utions.
Want of cleanliness(S.1.)...	3	3	-	-
Overcrowding(S.2.).....	-	-	-	-
Unreasonable Temperature.....	-	-	-	-
Inadequate ventilation.....	-	-	-	-
Ineffective drainage of floors	-	-	-	-
Sanitary Conveniences(S.7.)				
(a) Insufficient.....	2	2	-	-
(b) Unsuitable or defective.....	-	-	-	-
(c) Not separate for sexes..	-	-	-	-
Other offences against the Act(not including offences relating to outwork).....	-	-	-	-
Total	5	5	-	-

I am, Madam and Gentlemen,
Your obedient Servant,

Cyril Morgan,
Sanitary Inspector.

